This Computes!

Department of Health Services
Children's Medical Services Network
(CMS Net) - Information Bulletin # 30

The October change cycle was implemented Saturday, October 26, 2002. The following items were updated during the release:

1. Patient Registration - Referral/Transfer Fields: Add functionality to the Patient Registration face sheet to clear referral fields (Referral/ Transfer Date, Referral Type, Res County, Legal County, Referral Source and Referred By if the case status is changed to Pending or Reopen Pending. Eliminate the message "Are you adding a NEW referral date?".
2. MCP & HFP reports: Modify reports to include additional diagnoses and reformat headers.
3. Table Maintenance: Edits to Table Maintenance has been restricted to System Adminstrator and Programmer access only. Users will have access to Inquiry to Tables but will need to contact the Help Desk for Table modifications.
4. Local Printing: Ability to print to a non-network printer has been added. CMS Net Users will need to enter an "L" at the Device prompt (Instead of "SP" for Spool). CMS Net Users must have a TN3270 or IBM PCOMM version 5.0 emulation software in order to support the local printing function. The User must also have an HP Laserjet 4000 series printer. Note: Local printing does not support Spanish character printing or Screen Prints.
5. Detail Pending Report: Modify report so that it is not a monthly report but will allow for up-to-date printing.
6. Panel Provider Inquiry: Added field for Date of Panelling and ability to sort by county and panel date.
7. Management Reports: Added a new report titled Baseline Count Report (BC) to include a case count by status for Medi-cal & Non-Medi-Cal cases. The report data will be generated monthly with an effective date of the last day of the previous month.
8. Medical Report Request: Modifications to the Vendor address so that an error message is no longer displayed if the 1st line of the address is incomplete.
9. Enrollment & Assessment Fee: Correction to the E & A fee screen to clear the Balance Due field if "Go Back One Status" is selected for the first letter and payment in full is posted.
10. Letters: Added DHS 4027 (Consent to Treat for MTP Services), MC 2600 (CCS Health Insurance Form), and HF STATEMENT (Healthy Families Self Declaration of Income), all printed via SEND CORRESPONDENCE. Corrections to the PSA for spanish letters: C-36HFS, C-36MS and PSAS. Added free text to the C-13A (Medical Report Req for Dependent Co).
11. Provider Front-End Project: Added new field to ENTER REQUEST FOR SERVICE function called DOMAIN PROVIDER NUMBER. This field has two selections, SUTTER MEMORIAL HOSPITAL and UC DAVIS MEDICAL CENTER. If a request for service is received from SUTTER or UC DAVIS then new field DOMAIN PROVIDER NUMBER should reflect the appropriate entry. FOR ALL OTHER PROVIDERS PLEASE LEAVE DOMAIN PROVIDER NUMBER BLANK!

By completing the DOMAIN PROVIDER NUMBER field, approved staff members at SUTTER MEMORIAL or UC DAVIS MEDICAL CENTER will be able to access request for service information to obtain the status of their request, using the Internet. Implementation of the Provider Front-End Project is scheduled for November 23, 2002.

Additional hospitals/facilities will be added after the initial implementation of this pilot. Please contact Robin Weaver at (916) 327-1588 or rweaver@dhs.ca.gov if you have questions regarding the Provider Front-End Project.